

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/619 910 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1		1		1	
13			1		1	
14		1			1	
15	1		1		1	
16		1			1	
17		1			1	
18		1			1	
19		1			1	
20		1			1	
21	2		2		2	
22	1		1		1	
23	1					
24	1				1	
25		1			1	
26			1		1	
27					1	
28					1	
29					1	
30					1	
31					2	
32					2	
33					2	
34					2	
35					2	
36					2	
37					2	
38					2	
39					2	
40					2	
41					2	
42					2	
43					2	
44					2	
45					2	
46					2	
47					2	
48					2	
49					2	
50					2	
TOTAL IND.	2		4			
TOTAL DEP.	12		11			
TOTAL CLAIMS	14		25			

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						